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Bib Data Sheet

CONFIRMATION NO. 7657

SERIAL NUMBER 10/060,561	FILING DATE 01/30/2002  RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. VI/99-020
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/266,710 02/06/2001

*let*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*RU (none)*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/03/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 2	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

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## TITLE

Apparatuses, systems and methods for extravasation detection

FILING FEE  RECEIVED 1442	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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